Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10606725

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			2 9 minus 20=		* 0			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	∮ minus 3 =		* 3		9	X42=		OR	X84=	*
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, ente					"0" in c	column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL E	ENITITY		OTHER SMALL I	
-		(Column 1) CLAIMS		(Colur		(Column 3)	1 1	SWALL	A	OR I I	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	5	OR	X84=	
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		J	+140=		OR	+280=	
	.00							TOTAL			TOTAL	
ADDIT. FEE									OR	ADDIT. FEE		
		(Column 1)		(Colui		(Column 3)	١,					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM	м []	٤	+140=		OR	+280=	
		- 7						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)				•		i
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	1	=		X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A12-		OR	7,0-1-	
* If the entry in column 1 is lose than the entry in column 2 white Wall is a store 2								+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er fo	and in the and	ropriate ho	k in co	lumn 1	